MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-C)

12781

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
County: Howard
City or town: Near Savage, Washington Blvd
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: N. Y. County:
City or town: Brooklyn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 356. S. 1st St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World War #1

3. (a) FULL NAME: Joseph G. Barish

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Stella Barish
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Nov - 26 - 1898

8. AGE: Years: 42 | Months: — | Days: 18 | If less than one day: ____ hrs. ____ min.

9. Birthplace: U. S. A. (Town, county, and state)
10. Usual occupation: Chauffeur
11. Industry or business:
FATHER
12. Name: Moses Barish
13. Birthplace: Russia
MOTHER
14. Maiden name: Ethel Unknown
15. Birthplace: Russia
16. Informant: Mrs Stella Barish
Address: 356 S. 1st St. Brooklyn. N.Y.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12-19-40 (month) (day) (year)
Cemetery or crematory: Wellwood Cemetery
Location: Long Island, New York.
18. Funeral director: Harry Nieberg + Son
Address: 141 Ludlow St. N.Y. City.
19. Dec. 18, 1940 (Date rec'd by registrar) John B. Laughran, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 14 1940, at 5.50 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 14 1940, to Dec. 14 1940, and that I last saw him alive on at no time 19__.

Immediate cause of death: Compound fracture of skull at base of brain — DURATION: 1 min.
Due to: Automobile accident
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 12-14-40
Where did injury occur? Waterloo (City or town) Howard (County) Md (State)
Injured at home, farm, industry, public place (where?): Public Highway
Means of injury: automobile Injured at work? No

23. SIGNATURE: Alpha N Herbert M.D. Deputy Medical Examiner Howard Co. M. D. or other
Address: Ellicott City Md Date signed: 12-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 27 1940
BUREAU U. S.

12782

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard.

City or town Waterloo - Rural.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Union Bridge - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. New Windsor - Union Bridge, Road.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME EMANUEL E. BLAXTEN

3. (b) Social Security Number 212-12-1544

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Sadie E. Blaxsten

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21. 1874

8. AGE: Years 66. Months 1. Days 25 If less than one day hrs. min.

9. Birthplace Union Bridge, Carroll Co, Md.
(Town, county, and state)

10. Usual occupation Carpenter.

11. Industry or business Contracting

FATHER
12. Name Henry Blaxsten
13. Birthplace Carroll. Co, Md.

MOTHER
14. Maiden name Susan Fogle
15. Birthplace Frederick Co, Md.

16. Informant Mrs Robert. L. Green

Address Union Bridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 18. 1940 (month) (day) (year)

Cemetery or crematory Pipe Creek Cemetery

Location Uniontown Road. Carroll Co.

18. Funeral director D. D. Hartzler & Sons

Address Union Bridge, Md.

19. Dec. 17, 1940 (Date rec'd by registrar) John B. Loughman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16th 1940, at 11 30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from death inquiry + autopsy, ~~and that I last saw h~~ ~~alive~~ on Dec 16, 1940.

Immediate cause of death Arteriosclerotic heart disease

Due to

Due to

Other conditions no

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy as above.

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Wollenweber M.D. M. D. or other

Address City Morgue, Baltimore Date signed 12-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 7 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-6)

12783

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

Street No. West Main St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Thomas Burgess.

3. (b) Social Security Number —

4. Sex: M

5. Color or race: C

6.(a) Single, married, widowed, or divorced: Widower.

6.(b) Name of husband or wife: Ida Burgess

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1881

8. AGE: Years 59 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Laborer.

11. Industry or business: —

FATHER
12. Name: John Burgess
13. Birthplace: Maryland

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Henry Tyler

Address: Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-12-40 (month) (day) (year)

Cemetery or crematory: Glenwood

Location: Glenwood Md.

18. Funeral director: F.C. Higinbotham Jr

Address: Ellicott City Md.

19. Dec. 12, 1940 (Date rec'd by registrar) John B. Lingham Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1940, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 1 1940, to Dec 10 1940 and that I last saw him alive on Dec 10 1940

Immediate cause of death	DURATION
Chronic Nephritis	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE [signature] M.D. or other

Address Main St Ellicott City Md Date signed 12/12/40

RECEIVED
DEC 27 1940
BUREAU V-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12784

Reg. Diat. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town near Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Guilford & Waterloo Rd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Howard
City or town near Ellicott City, R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard Rudolph Colbart, Jr. | **3. (b) Social Security Number**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col.	Single

6 (b) Name of husband or wife ✓
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8th. 1940

8. AGE:

Years	Months	Days	If less than one day
0	6	0	hrs. min.

9. Birthplace Howard Co., Md. (Town, county, and state)
10. Usual occupation Infant.
11. Industry or business
FATHER 12. Name Richard R. Colbart, Sr.
13. Birthplace Md.
MOTHER 14. Maiden name Mary E. Moore.
15. Birthplace Md.
16. Informant Mary E. Moore
Address Ellicott City, Md. R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 | 11 | 40 (month) (day) (year)
Cemetery or crematory Western Star
Location Catonsville, Md.
18. Funeral director F. C. Hightchew
Address Ellicott City, Md.
19. 12/9/40. 19 (Date rec'd by registrar) Frank Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8th 19 40, at 2 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4th 19 40 to Dec. 8th 19 40.
and that I last saw h alive on Dec. 7th 19 40.

Immediate cause of death	DURATION
Malnutrition.	1 mo.
Due to Probably - Broncho-Pneumonia	3 days.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings: ✓
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank Shipley, M.D.
M. D. or other
Address Savage, Md. Date signed 12/9/40.

RECEIVED
JAN 7 1941
BUREAU V. S.

Jan Drawer

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73d)

12785

CERTIFICATE OF DEATH

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard
City or town: Elkridge Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 51 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Howard
City or town: Elkridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Katherine Dembeck

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: William Dembeck
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 15-1867

8. AGE:

Years	Months	Days	If less than one day
73	3	16	hrs. min.

9. Birthplace: Poland.
(Town, county, and state)

10. Usual occupation: House Work

11. Industry or business: at Home

FATHER
12. Name: Joseph Cwynatniak
13. Birthplace: Poland

MOTHER
14. Maiden name: unknown
15. Birthplace: Poland

16. Informant: Son
Address: 2705 Eastern Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 4-1941 (month) (day) (year)
Cemetery or crematory: St. Stanislaus
Location: Odonnell St.

18. Funeral director: Lilly & Beiler (N.C.)
Address: 403 S. Wolfe St.

19. Jan. 1 1941 (Date rec'd by registrar) (Miss) E. Bird Wallace Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 31 - 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1939, to Dec 31 1940, and that I last saw her alive on Dec 30 1940.

	DURATION
Immediate cause of death: Chronic Myocarditis	2 yrs
Due to: Hypertension	?
Due to: Generol arterio-sclerosis	?
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: B. F. Armacost M. D. or other
Address: Elkridge Md. Date signed: Jan. 1 1941

RECEIVED
JAN 11 1941
BUREAU V. S.

12786

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:

County Howard

City or town Simpsonville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town Simpsonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Arabella Dispert

3. (b) Social Security Number

4. Sex Fem

5. Color or race B

6. (a) Single, married, widowed, or divorced Widow

B (b) Name of husband or wife Daniel Dispert

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 90 Months Days If less than one day hrs. min.

9. Birthplace Howard Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Isaac Holland
13. Birthplace Howard Co - Md

MOTHER
14. Maiden name Nettie Brooks
15. Birthplace Howard Co - Md

16. Informant Cecelia Savoy

Address Simpsonville, Md.

17. Locust Cemetery Date thereof Dec. 6, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Simpsonville, Md

Location Mrs Katie R. Williams

18. Funeral director 322 N. Schroeder St

Address

19. Dec 6 1940 S A Nichols
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 4 1940, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11 30 1940, to 12 4 1940, and that I last saw her alive on 12 4 1940.

Immediate cause of death Myocardial Insufficiency

Due to Lobar Pneumonia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION
12.4.40
11-29-40

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B P Warren
M. D. or other

Address Laurel Md Date signed 12-4-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

12787

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard Co
City or town: Savage Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Howard
City or town: Savage
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Joseph O Fisher

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Grace Fisher
6.(c) If alive, give age: 64 years
7. Birth date of deceased (mo., day, yr.): Sept. 18 - 1876

8. AGE: Years 65 | Months 3 | Days 9 | If less than one day: hrs. min.

9. Birthplace: Savage Howard Co (Md)
(Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business
FATHER 12. Name: Medford Fisher
13. Birthplace: Laurel Md
MOTHER 14. Maiden name: Mary Eliza Tuck Durell
15. Birthplace: Laurel Md
16. Informant: Mrs Shipley
Address: Savage Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 29-1940 (month) (day) (year)
Cemetery or crematory: National Capital Memorial Park
Location: Washington Blvd.
18. Funeral director: The D. C. White Co
Address: Laurel Md
19. 12/28/40. Frank Shipley, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 26 1940, at 4:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1940 to Dec. 26 1940
and that I last saw him alive on Dec. 26, 1940

Immediate cause of death	DURATION
Chr. Myocarditis —	1 yr.
Coronary Thrombosis	10 Hrs.
Due to: Arterio-sclerosis.	2 yr.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ✓
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank Shipley, M.D. or other
Address: Savage, Md. Date signed: 12/28/40

RECEIVED
JAN 7 1941
BUREAU V. S.

12788

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Howard

City or town: Fulton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Fulton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Caroline L. Harding

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Wm H. Harding

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 10th 1858

8. AGE: Years 82 | Months 8 | Days 10 | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER — 12. Name: Henry Sayer

13. Birthplace: Germany

MOTHER — 14. Maiden name: Mary Bergman

15. Birthplace: Germany

16. Informant: Charles Harding

Address: Fulton Md.

17. Burial (Burial, cremation, or removal (Which?)) Date thereof: Dec 23 40 (month) (day) (year)

Cemetery or crematory: St Pauls

Location: Fulton Md.

18. Funeral director: Lloyd Baier

Address: Laurel Md.

19. Dec 21 1940 (Date rec'd by registrar) S A Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 20th 1940 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1937, to Dec 20th 1940

and that I last saw h[illegible] alive on Dec 20th 1940

	DURATION
Immediate cause of death: Chronic Myocarditis	3 years
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Robert L McComas M.D. M. D. or other

Address: Laurel Md. Date signed: 12/22/40

RECEIVED
JAN 3 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12789

B1-a

1. PLACE OF DEATH

County Howard — Registration Dist. No. 194

Village ~~or City~~ Highland — rural — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME GRAFTON HOLLAND

(a) Residence: No. Highland Md. St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Black	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ELIZABETH WHITE

6. DATE OF BIRTH (month, day, and year) ? ? 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	55	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Tenant farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) Dec '39

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Montgomery County Md.

FATHER

13. NAME Charles Holland

14. BIRTHPLACE (city or town) (State or country) Montgomery County Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Laura Wilson (daughter)

(Address) Highland, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Hopkins Chapel Highland, Md Date 12/14, 1940

19. UNDERTAKER F. G. Hobbs Inbothom

(Address) Ellicott City, Md.

20. FILED Dec 12, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1940, to Dec. 11, 1940

I last saw h. im alive on Dec. 11, 1940; death is said to have occurred on the date stated above, at 10 00 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic nephritis	Sept 1940
Uremia	Dec 1940
Other Contributory Causes of Importance:	
Arteriosclerosis, generalized, with hypertension	1920

Name of operation ____ Date of ____

What test confirmed diagnosis? Eye grounds - B.P. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Charles S. Whitaker M. D.

(Address) Clarksville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
JAN 3 1941
BUREAU V

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

12790

Reg. Dist. No. 193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Howard

City or town: Glenwood, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Glenwood Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR:

3. (a) FULL NAME: Kate Hood Mathews

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Single

B (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 13, 1867

8. AGE:

Years	Months	Days	If less than one day
73	4	22	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Alfred Griffith Mathews
13. Birthplace: Md.

MOTHER
14. Maiden name: Sophia Hood
15. Birthplace: Md

16. Informant: (Miss) Gertrude Mathews
Address: Glenwood, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 8, 1940 (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: Glenwood, Md.

18. Funeral director: C. Harry Weer

Address: Sykesville, Md.

19. Dec-7-1940 (Date rec'd by registrar) E. Paul Myers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 5, 1940 19 , at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 35, to Dec. 5 19 40, and that I last saw her alive on December 5 1940.

	DURATION
Immediate cause of death: Myocarditis	
Chr. Cardiac Decompensation	5 yrs
Due to: Myocarditis - (Chronic)	?
Due to: Infected teeth and Tonsils	?
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Stanley Grabill, M.D.
M. D. or other

Address: Mt Airy, Md. Date signed: 12/6/40

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12791

Reg. Dist. No. 193

1. PLACE OF DEATH:
County: Howard
City or town: Woodbine Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Woodbine Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Sarah Catherine Moore

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed.

6.(b) Name of husband ~~or wife~~ Harry L Moore
6.(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Feb. 13, 1861

8. AGE: Years 79 | Months 10 | Days 8 | If less than one day ____ hrs. ____ min.

9. Birthplace Frederick Co. Maryland.
(Town, county, and state)
10. Usual occupation Home
11. Industry or business

FATHER
12. Name Robert Bevard
13. Birthplace Maryland.

MOTHER
14. Maiden name Sarah Penn
15. Birthplace Maryland.

16. Informant Mr. Walter Moore
Address Woodbine. Md

17. Burial Dec. 23 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Central
Location New London, Fred. Co. Md.
18. Funeral director C. M. Wolfe
Address Winfield. Md.
19. Dec-22 19 40 E. Paul Norris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21, 1940, at 5:10 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937, to Dec. 21, 1940
and that I last saw her alive on December 20, 1940

Immediate cause of death	DURATION
Cachexia	2 mo.
Due to Carcenoma of Face	7 yrs
Due to	
Other conditions Arthritis	

(Include pregnancy within 3 months of death)

Major findings of operations none
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L Stanley Grabill M. D.
Address Mt. Airy, Md. Date signed 12/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 7 1941
BUREAU V. S.

12792

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:

County Howard

City or town Dayton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Dayton Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ida Virginia Peddicord

3. (b) Social Security Number —

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife James H Peddicord

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 17, 1859

8. AGE: Years 81 Months 7 Days 14 If less than one day ..... hrs. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation at home

11. Industry or business —

FATHER
12. Name Thos. Thompson
13. Birthplace Md.

MOTHER
14. Maiden name Minerva Wiles
15. Birthplace Md.

16. Informant Mrs. Chas. Gordon

Address Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 2 1941 (month) (day) (year)

Cemetery or crematory Lutheran Chapel

Location Clarksville, Md

18. Funeral director F. C. Higinbotham Jr.

Address Ellicott City Md

19. Jan 1 1941 (Date rec'd by registrar) S A Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1940, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 22 1940, to Dec 31 1940, and that I last saw her alive on Dec 30 1940

Immediate cause of death Hypostatic Pneumonia

Fracture due to accidental fall in her home. C.W.G.R.

Due to Infirmities of age and Fractured leg, surgical neck

Due to of right femur

Other conditions

(Include pregnancy within 8 months of death)

DURATION
3 days
9 days

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of

Where did injury occur? In her home (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fractured leg Injured at work? No

23. SIGNATURE S A Nichols M. D. or other

Address Clarksville Date signed Jan 1 1941

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

Approx. Age ?

12793

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard

City or town Savage (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Tens. 11 Days.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Howard.

City or town Savage (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Arthur C. Rogers.

3. (b) Social Security Number

4. Sex M

5. Color or race W.

6.(a) Single, married, widowed, or divorced Widowed.

6.(b) Name of husband or wife Nettie Anna Rogers

6.(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years unk. Months Days If less than one day hrs. min.

9. Birthplace Canton Ohio (Town, county, and state)

10. Usual occupation Unknown Retired Soldier

11. Industry or business

FATHER 12. Name John Rogers

13. Birthplace —

MOTHER 14. Maiden name —

15. Birthplace —

16. Informant Mr. Geo. Stann

Address Savage, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 30, 1940 (month) (day) (year)

Cemetery or crematory Baltimore National Cem

Location Baltimore, Md.

18. Funeral director Easton Sons

Address Ellicott City

19. 12/29/40. 19 (Date rec'd by registrar) Frank Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 23 1940 to December 23 1940 and that I last saw him alive on at no time 19

Immediate cause of death Coronary Occlusion — DURATION 1 min

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alpha N. Herbert M.D. Deputy Medical Examiner How. Co. M. D. or other

Address Ellicott City Md. Date signed 12-29-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12794

1640

Reg. Dist. No. 195

1. PLACE OF DEATH:

County: Howard

City or town: N. Laurel Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: N. Laurel
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Laurel Park Hotel
(If rural, give LOCATION)

2.(a) If veteran, name war: World War.

3.(a) FULL NAME: Charles S. Shipe

3.(b) Social Security Number: 219-01-1473

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

8.(b) Name of husband or wife: Frances Shipe

8.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Mar. 21, 1897

8. AGE:

Years	Months	Days	If less than one day
43	8	18	..... hrs. ..... min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: —

FATHER
12. Name: Robert Shipe
13. Birthplace: Unknown

MOTHER
14. Maiden name: Virginia Jett
15. Birthplace: Unknown

16. Informant: Mrs. Frances Shipe
Address: Laurel, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 12-12-40
(month) (day) (year)

Cemetery or crematory: Savage

Location: Savage, Md.

18. Funeral director: Ridgley & Selby
Address: Laurel, Md.

19. 12/12/40 19.. Frank S. Shipley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 9 1940 at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 9 1940 to Dec 9 1940
and that I last saw h.. alive on At no time 19..

Immediate cause of death	DURATION
Gunshot wound of Head penetrating Brain	1 hr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: 12-9-40

Where did injury occur? Laurel (City or town) Howard (County) Md. (State)

Injured at home, farm, industry, public place (where?): Public Place

Means of injury: Gunshot wound Injured at work? No.

23. SIGNATURE: Alpha N. Herbert M.D.
Deputy Medical Examiner Howard
M. D. or other

Address: Ellicott City Md. Date signed: 12-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-B)

12795

CERTIFICATE OF DEATH

Reg. Dist. No. 198

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Howard

City or town Cooksville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Howard

City or town Cooksville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Melvina Snyder

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Widow

6 (b) Name of husband or wife Wm C. Snyder

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1873

8. AGE: Years	Months	Days	If less than one day
67	6	28	hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name John O. Porter

13. Birthplace Md.

MOTHER 14. Maiden name Melvina Poole

15. Birthplace Md.

16. Informant Maurice Porter

Address Cooksville, Md.

17. Burial Date thereof Dec. 4, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory McKendree

Location Cooksville, Md.

18. Funeral director C. Harry Weer

Address Lykesville, Md.

19. Dec-2-1940 E. Brail Mercer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1940, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1939, to Nov 27 1940, and that I last saw h alive on Nov 27 1940.

	DURATION
Immediate cause of death Myocardial failure	1 year
Due to Mitral insufficiency	1 year
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles S. Whitaker
M. D. or other

Address Clarksville Date signed 12/3/40

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (77-e)

12796

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:
County Howard
City or town Jessup R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Blvd & Guilford Rd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) a few days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State N. J. County
City or town Rockaway Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME STANLEY JOSEPH VANORSKIE
3. (b) Social Security Number 217-03-9514

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Mae Dorris Rogers, Vanorskie
6 (c) If alive, give age 26 years
7. Birth date of deceased (mo., day, yr.): Nov. 18, 1912

8. AGE: Years 28 | Months 1 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace: Rockaway, New Jersey (Town, county, and state)
10. Usual occupation: None
11. Industry or business
FATHER
12. Name: Louis Vanorskie
13. Birthplace: Poland
MOTHER
14. Maiden name: Mary Unknown
15. Birthplace: Poland
16. Informant: Mrs. Mae D. Vanorskie
Address: 233 E. Main St. Elkton Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 24, 1940 (month) (day) (year)
Cemetery or crematory: Christ Church Cem
Location: Guilford Md
18. Funeral director: Easton Sons
Address: Ellicott City
19. 12/23/40 (Date rec'd by registrar) 19 Frank Shipley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1940, at 10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from death inquiry 19 to autopsy 19
and that I last saw h alive on 19

Immediate cause of death: Acute alcoholism
Due to
Due to
Other conditions: no
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: as above.

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. L. Wollenweber, M.D. M. D. or other
Address Asst Med. Examiner Baltimore, Md Date signed 12-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

12797

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:
County: Howard
City or town: Rural near Lisbond
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R# 1 Woodbine Md.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): two years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Rural Near Lisbond Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R# 1 Woodbine
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Edward Warthen
3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: divorced
6 (b) Name of husband or wife: Caroline Beale Warthen
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Aug. 16, 1872
8. AGE: Years 68 Months 3 Days 18 If less than one day: hrs. min.
9. Birthplace: Frederick Co. Md. (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER
12. Name: James B. Warthen
13. Birthplace: Montogrmey Co. Md.
MOTHER
14. Maiden name: Anne Sophia De Lauder
15. Birthplace: Howard Co. Md.
16. Informant: Carlton E. Warthen
Address: 15 South Hilton St. Baltimore Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 6 1940 (month) (day) (year)
Cemetery or crematory: Family Burial Grand
Location: Near Lisbond
18. Funeral director: C. M. Waltz
Address: Winfield Md.
19. Dec. 6 1940 (Date rec'd by registrar) E. Pearl Mercier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 4 1940, at 1:00 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1938, to 12/4 1940, and that I last saw him alive on 12/4 1940.
Immediate cause of death: Cardiac - Vascular disease
DURATION: 3 years
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: H. H. Barnes MD M. D. or other
Address: Sykesville Md. Date signed: 12/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

RECEIVED
JAN 7 1941
BUREAU V. S.